

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDS LM-30 FORM DATED JULY 28, 2005

1. File Number U - <u>6800</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Richard</u> <u>E</u> <u>Middleton</u> P.O. Box, Bldg., Room No., if any Street <u>450 Carson Plaza Drive, Suite A</u> City <u>Carson</u> State <u>California</u> ZIP Code + 4 <u>90746</u>	4. Name, file number, and address of labor organization. Name <u>International Brotherhood of Teamsters LU572</u> Labor Organization File Number <u>024-471</u> P.O. Box, Building and Room Number, if any Street <u>450 Carson Plaza Drive, Suite A</u> City <u>Carson</u> State <u>California</u> ZIP Code + 4 <u>90746</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Richard E. Middleton</u>	On <u>8-9-05</u> Date	<u>(310) 515-0601 x33</u> Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Blue Cross of California Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street 21555 Oxnard Street City Woodland Hills State California ZIP Code + 4 91367	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Teamsters & Food Employers Security T.Fund Trade Name, if any: "Food Trust" P.O. Box, Bldg., Room No., if any: P.O. Box 1121 Street: City Alhambra State California ZIP Code + 4 91802-1121	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Blue Cross provides the Food Trust with reduced health services rates for hospitals and doctors providing services to Trust participants. </div> 11.b. Approximate dollar value of such dealing. \$240,000 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Golf and dinner </div> 12.b. Amount. \$244
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing Richard Middleton

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Riviera Hotel-Palm Springs

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1600 N. Indian Canyon Drive

City Palm Springs

State California

ZIP Code + 4 92262

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provide hotel accommodations for employees of local union when conferences held in Palm Springs, California.

11.b. Approximate dollar value of such dealing.

\$3,826

12.a. Nature of interest held or income received.

Gift basket

12.b. Amount.

\$30